



SUMMARY OF NOTICE OF PRIVACY PRACTICES

Rainier Family Physical Therapy, PS follows the Health Information Portability and Accountability Act (HIPAA), passed into law in 1996 by the Clinton Administration. HIPAA sets federal standards for privacy and security of patient information for all healthcare providers, insurance companies and anyone they do business with. We strongly believe in doing everything we can to safeguard the privacy and security of your health information.

The following summary outlines how our office will protect your health information, your rights as a patient and our common practices in dealing with your health information.

Uses and Disclosures of Health Information.

We will use and disclose your health information in order to treat you or to assist other healthcare providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other healthcare providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your

Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your

Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family member and/or caregivers involved in your health care;
- For certain limited research purposes;
- For purposes of public health safety;
- To government agencies for purposes of their audits, investigations and other oversight activities;

- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights. As our patient, you have the following rights:

- To have access to and/or copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have any questions, concerns, or complaints regarding our privacy practices, please submit them in writing to:

Kim Bisson, MPT
Rainier Family Physical Therapy, PS
Co-owner/Physical Therapist
18710 Meridian E, Suite 215
Puyallup, WA 98375-2231

You may also visit www.hhs.gov/ocr/hipaa and click on Fact Sheet for Consumers for specific information.

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the Notice.

Patient Signature (or Guardian)

Date